

Tracheostomy Stoma Care and Tracheostomy Tube Changes

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Topics

- Tracheostomy stoma care and tie change procedure
- Assessment of tracheostomy stoma site
- Routine tracheostomy tube changes

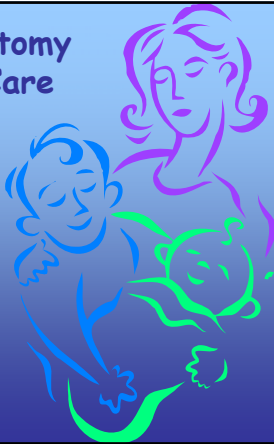


Tracheostomy Stoma Care

- Purpose: prevention of stoma infections and granulation tissue formation
- Clean procedure done daily and as needed
- No powders or ointment around the stoma
- Tie change usually done after stoma care
- The ties can be changed every 2-3 days if clean and dry

Tracheostomy Stoma Care

- Two persons are required for a safe tracheostomy tie change
 - one to hold the trach
 - one to change the ties



Trach Stoma Care Supplies

- Cotton tip applicators or clean washcloth
- Cloth with mild soap and water
- Container with $\frac{1}{2}$ strength hydrogen peroxide and water, if crusty, dried secretions
- Trach dressing, if used
- Trach ties—twill or Velcro
- Scissors
- Clean gloves



Retrieved and adapted from <http://www.angelfire.com/va2/trachties/Trachcare.html>

Trach Stoma Care



- Assemble all needed supplies before starting
- Position the child with roll under shoulders to visualize stoma:
 - Swaddle infant for better control
- Apply clean gloves
- Remove soiled dressing

Trach Stoma Care

- Swab or wash with clean cloth around the stoma moving away from the stoma
- If ties changed, the 2nd person holding the tracheostomy tube, remove the soiled ties, wash the neck
- Place a clean dressing (if used) under the tracheostomy tube flanges
- Replace the tracheostomy ties; check for tightness



Retrieved from: <http://www.ich.ucl.ac.uk/factsheets/families/F000305/trac2.html>

Tracheostomy Tube Ties

Twill tape:

- Width of tie important to prevent ulceration of skin
- Use for children who can release Velcro ties
- Need to rotate knot to prevent irritation



Velcro tracheostomy ties: Easy to apply, soft

Checking Tightness of Trach Ties



- Check tightness of ties
 - with the child lying down
 - also in a sitting position
- Should be able to get one finger under the tie
- Pull slightly on the tracheostomy tube connector
 - should be a small amount of space between the trach tube and the skin

Trach Site Assessment: Skin

- Trach stoma and surrounding skin color
- Note any granulation tissue
- Note any drainage or swelling
- Note the skin condition under the trach ties
 - look for excoriation, rashes, or any skin breakdown



Used with permission from Kerry Baldwin
www.tracheostomy.com



Retrieved from <http://www.tracheostomy.com/misc/stoma.htm>

Trach site assessment: Granulation Tissue

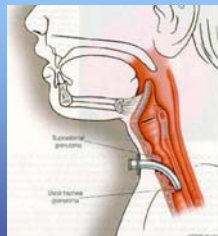
- Tracheostomy granuloma occurs as result of:
 - surgery,
 - infection or
 - irritation
- Is red in color and bleeds easily
- Does not contain nerves - not painful



Used with permission from Kerry Baldwin
www.tracheostomy.com

Trach site assessment: Granulation Tissue


- Can grow in size and occlude the stoma
- If granuloma is present, notify the MD so early treatment can occur
- Treatment can include:
 - application of silver nitrate
 - and/or use of steroid cream



Boston and Cotton, J Respir Dis Pediatrics 2003; 5:201


Trach site assessment: Yeast infection

- Yeast:
 - infection that can be found around the trach
- Notify MD for treatment plan
- Treatment: Nystatin[®] cream to area; if on neck, use Nystatin powder



Trach stoma assessment: Dermatitis

- Contact dermatitis: inflammation resulting from secretions or moisture around the stoma
- Treatment includes:
 - Keeping the area dry-
 - Avoid gauze dressings which hold moisture
 - Use Lyofoam[®] or Mepilex[®] to keep area dry
 - May use steroid cream
 - If infected, antibiotic cream



Retrieved from: www.derm

Tracheostomy Dressings

Mepilex[®]
Absorbent Dressing

<http://www.tendra.com/it-em.asp?id=333&si=3>

Soft absorbent dressing with silicone layer. Adheres to the skin without pulling skin when removed



Lyofoam[®]
Absorbent Dressing

www.convetac.com

Soft absorbent polyurethane dressing—does not adhere to the skin



Routine Tracheostomy Tube Change

Frequency:

At a minimum uncuffed tubes changed weekly cuffed tubes changed as ordered by the MD

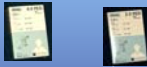
Purpose:

Maintains tracheal stoma
Maintains integrity of the trach tube
Maintains skill of caregiver

Each nurse who cares for children with a tracheostomy needs to do a trach tube change **at least** once every six months

Equipment Preparation for Trach Change

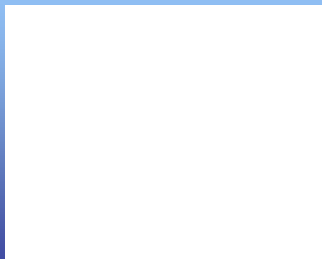
- 2 person procedure, unless an emergency
- Have two trach tubes available-one the current size and one a size smaller



- Have a manual resuscitation device and mask available
- Prepare new tube with ties attached, obturator in place and a lubricated tip



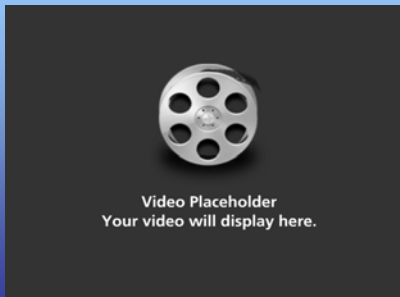
Equipment for Trach Tube Change



Preparing Child for Tracheostomy Tube Change

- NPO for at least one hour before change
- Tell the child what you are going to do
- Suction prior to trach change to clear the airway
- Position with roll under shoulder; swaddle infant/young child to provide control
- If on a ventilator, provide breaths with manual resuscitation device prior to and after trach change until back to baseline

Trach Tube Change



Key points: Trach Care and Trach Change

- Trach stoma care is done daily; trach tie changes can be done daily or q 2-3 days if clean and dry
- Trach tie changes and routine trach tube changes are 2-person procedures due to risk of complications
- Routine tracheostomy tube changes are done weekly; cuffed tracheostomy tube changes are based on MD order